



Supplemental Employment Services

City of Arlington — Human Resources

201 E. Abram St., Suite 790

P.O. Box 90231 MS 63-0790 Arlington, Texas 76004-3231

Phone 817-459-6868

APPLICATION FORM

Name: _____ Position: _____
Last First Middle initial

Address: _____
Street City Zip

Home Phone: _____ Work Phone: _____

Check desired: Supplement Employment Volunteer Internship Business Cooperative Student
(Supplemental Employment Services Resource Guide available in Human Resources.)

Education: (Circle one) 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 5 6 + Major: _____

If internship desired, name institution you are attending: _____

Contact _____ Phone _____

Do you have charges pending or have you admitted guilt or been found guilty including Deferred Adjudication of committing felony or misdemeanor? (Include offenses for which probation was granted, excluding minor traffic violations but including DWI.)
___ Yes ___ No. If your answer is "Yes," explain in the space provided, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case. _____

Number of hours needed to satisfy court order community service: _____

Special skills/Educational training: _____

Volunteer/Community experience: _____

Indicate the days and hours you are available: Days: Sun. Mon. Tues. Wed. Thurs. Fri. Sat.
Hours: Mornings Afternoons Evenings Weekends

In case of emergency notify: Name: _____

Address: _____ Phone: _____

The information in this application is accurate, complete, and is subject to verification by the City of Arlington. I authorize any person holding information on me related to my application to release it to the City of Arlington if so requested. I understand that the information provided by me may be used for the purpose of determining in my eligibility. I hereby release, indemnify and hold harmless any government entity, employer, and person furnishing or receiving records and information about me. I understand that any false information or omission in my application may be justification for refusal or, for termination of service with the City of Arlington.

I understand and agree that I am a volunteer when participating in all activities of the City of Arlington and I shall receive no payment for my services. No contract or agreement of employment is created by any written or oral representations made in connection with the Supplemental Employment Volunteer Program or in connection with any other program of the City of Arlington. I understand that I am not an employee of the City of Arlington, only a volunteer who serves at the will of the City of Arlington. I have no expectation of continuing my participation in the program. As a volunteer, I may be dismissed from the program at any time, for any reason, or the program may be discontinued at any time.

Signature of Applicant _____ Date _____

Parent or Guardian Signature (for minors) _____ Date _____

FOR OFFICE USE ONLY

DPS records screen please initial _____ Attach supporting document

HR background screen please initial _____ D.O.B. _____

Department referred to _____ Date _____

Contact _____ Extension _____